



TEAMWORK INCENTIVE PROGRAM APPLICATION FORM

For teams that come to the Board BEFORE the project has started

This report serves as the application for teams that come to the Productivity Board before their team project has started. To be considered as a TIP team the following criteria must be met:

- The completed application shall be submitted to the Productivity Board prior to the start of the team project.
- The report must be submitted to the Productivity Board with the agency head's approval.
- Teams shall demonstrate to the satisfaction of the Productivity Board the team's plans to operate at a lower cost or with an increase in revenue with no decrease in the level of services rendered.
- A list of all team members and the percentage of savings the team will share. Note: The percentage of savings/revenue is up to 25%, with a maximum of \$10,000 per person. Also, include the percentage of the share each team member shall receive.
- The team will need to set a project period for the duration of the TIP team, i.e., 3, 6, 9, 12 months. The team will be entitled to a percentage of savings for the project period.
- The following information in the team application shall be provided along with the enclosed Team Member Authorization Form, and the Agency Authorization Form.
- The team will need to submit a mid-point review during the project period and a final report at the conclusion of the TIP project. Productivity Board staff will assist agencies during this process.

TEAM APPLICATION

TEAM NAME: _____

AGENCY: _____

TEAM PROJECT PERIOD: _____

Please include the project beginning and ending dates (month/year)

TEAM OVERVIEW

Please provide a brief summary of the team project

TEAM'S GOALS & MISSION

Please provide an overview of the team's goals and the mission of the project

PERFORMANCE MEASURES

The team will need to create the database against which improvement will be measured, as the process currently exists, and with the anticipated improvements. Please describe and provide the following:

- Flow chart showing origins, handling, and destination of the process before and after project.
- List specific team tasks and their associated costs (current costs of doing business, i.e., number of forms per year, number of forms processed per day, etc.).
- Process used to track the team's progress.

Performance measures that will be used:

PERCENTAGE OF SAVINGS AND/OR REVENUE THE TEAM IS ENTITLED TO FOR AN AWARD:

_____ %

Note: TIP awards are paid by the agency(ies) in which the team is located and/or from the benefitting fund. TIP awards are based on the total actual net savings and/or revenue generated by the team *during* the project period. The percent of savings and/or revenue (up to 25%, with a maximum of \$10,000 per person) the team is entitled to for an award, shall be agreed upon by the agency and team, prior to submitting this report to the Board.

Please include any supporting documents that the team deems necessary.



TEAMWORK INCENTIVE PROGRAM TEAM MEMBER AUTHORIZATION FORM

As certified by my signature below, I approve the application as submitted by the team and agree with the information provided in the report. ***Please note: the signature sheets must be submitted via hard copy or fax for official records.***

Team Member Name (type or print) _____

Job Title _____

Social Security No. (optional - for payment purposes only) _____ - _____ - _____ FTE Award Ratio _____

X _____
Signature Date

Team Member Name (type or print) _____

Job Title _____

Social Security No. (optional - for payment purposes only) _____ - _____ - _____ FTE Award Ratio _____

X _____
Signature Date

Team Member Name (type or print) _____

Job Title _____

Social Security No. (optional - for payment purposes only) _____ - _____ - _____ FTE Award Ratio _____

X _____
Signature Date

Team Member Name (type or print) _____

Job Title _____

Social Security No. (optional - for payment purposes only) _____ - _____ - _____ FTE Award Ratio _____

X _____
Signature Date

Team Member Name (type or print) _____

Job Title _____

Social Security No. (optional - for payment purposes only) _____ - _____ - _____ FTE Award Ratio _____

X _____
Signature Date



TEAMWORK INCENTIVE PROGRAM AGENCY AUTHORIZATION FORM

AGENCY: _____

UNIT/DIVISION: _____

TEAM NAME: _____

As certified by my signature below, I approve the above named unit/division to participate and receive the agreed upon award in the Teamwork Incentive Program (TIP). Awards up to 25 percent of net savings and/or revenue gains resulting from improvements made during the TIP project period will be distributed according to the agreements made by the agency and team. The Agency Head may determine whether he/she wants to waive the requirement of signatures from the unit supervisor, and/or fiscal/budget officer. The Agency Head must sign the report if he/she agrees with the team becoming an official TIP team.

As certified by my signature below, I have reviewed and agree with the information provided in the team report, and support the team receiving the TIP award recommended in the report.

Please note: this signature sheet must be submitted via hard copy or fax for official records.

AGENCY TIP LIAISON DATE

AGENCY HEAD DATE

Note: The agency head may choose to waive the following signatures:

UNIT SUPERVISOR/MANAGER TITLE/DATE

AGENCY ACCOUNTS/FISCAL OFFICE TITLE/DATE